

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

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Received

APR 19 2018

By

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: April 19, 2018 Case Number: 18-102

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Heather Hendricks

Premise Name: Heather Hendricks

Premise Address: 1233 W. Warner Road

City: Chandler State: Arizona Zip Code: 85224

Telephone: 480-732-0018

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Desirlee Lewis

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Rupert

Breed/Species: French Bulldog

Age: 6 months Sex: Male Color: Brindle

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Hendricks-same address

Dr. Dan Gustella same address

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Michael Vincent [REDACTED]

Tracey Vincent same number

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 4-19-2018

Complaint

Desirlee Lewis <desrn07@gmail.com>

Thu, Apr 19, 2018 at 3:27 PM

To: Tracy Riendeau <tracy.riendeau@vetboard.az.gov>

Rupert had large rectal prolapse (1.5inches) and was brought to 1st vet pet in Chandler, was examined by Dr. Hendricks Monday evening 4/16 around 9pm. She was very concerned about putting it back into place under sedation as it was swollen. She appeared apprehensive about it so I asked her what the alternate was if it couldn't be reduced back in the rectum. She said surgery which is expensive. I starting crying and told her I couldn't afford an expensive surgery and asked if that meant I would have to put him down. She did tell me that "that was an option but first lets see what she could do. I will keet him over night at the hospital, we are busy and I won't be able to get to him right away so I will not charge you an overnight fee." At this point a young man was assisting me to get a line of credit with care credit and scratch pay (I was approved for a total of \$2000.00 for care credit. I went home and was really grateful for this. Later that evening between 230am and 505am I didn't hear my phone ring so I called her around 545-615am. She told me that She was unable to reduce the prolapse and replaced it back in rectum under sedation. She said "well i know you said surgery wasn't a option, however we do have a secretary here that is willing to pay for his surgery as long as you would give up Rupert to her." I started crying and was very upset and asked her "How could a receptionist afford to pay for a surgery that I have no idea how much it costs? Dr. Hendricks repoused was "She really likes frenches and he is a good dog." I was crying upset and said "you've got to be kidding me?" I asked her how much surgery would be, Dr. Hendricks response "I don't feel comfortable giving you an estimate as we would need to wait for the surgeon to come evaluate Rupert." Once again I asked her "how come the secretary knows and I don't?" Dr. Hendricks proceeded to tell me to "wait until the surgeon sees Rupert and he gets in at 8am." I hung up. I was distraught, emotional, and confused that I didn't have all the information let alone Dr. Hendricks gave me no reassurance of other options besides the receptionist getting my dog in order to live. I waited for the surgeon.

I called at 836am, asking if surgeon was there and I was told by the receptionist that he was not and not sure when he will be there. In the meantime I spoke with the tech to ask how Rupert was doing. She told me "not good, it looks like he has necrotic bowel and needs surgery as soon as possible. I asked her if she knew when the surgeon can in and she said no. I told her Im scared and uncomfortable that Rupert made need surgery quicker and should I call another surgeon? Her response "If you don't feel comfortable that your dog is here you can come pick him up! What time are you coming to pick him up!" My response was I can come get him in an hour, the tech responded "Well the surgeon should be here by then so if you could wait you will know what the plan id by then!" She was very frustrated with me. So I told her in an hour or so I should here something or look for another surgeon, her response was yes. I also asked her exactly what was the current money I owed for Ruperts care and if they were doing anything that I was currently be charged for. Her response was \$450.00 and they are not currently doing anything medically to increase the cost until we have the surgeon assess Rupert."

I called back around 1007am. I asked the receptionist "Has the surgeon was there or if she knew when he'd be there?". She placed me on hold briefly and said "he would be there around 1pm as he has a surgery at the phoenix location before he can see Rupert for an accurate assessment." So, I asked her "why no one told me this earlier?" receptionist response "Look I answered your original question and I told you 1pm. I can't tell you anything else." She was frustrated with me by her tone. I told her "OK i can be there around 1230p."

I went into 1st Pet Vet at 1215pm and asking to speak to the hospital manager about my dog Rupert. I was placed in a room and Meghan came in introduced herself and allowed me to share my experience and concerns. She was very apologetic and explained to me that any staff member cannot just pay for surgeries and get my dog. That these things have to be approved and it was premature to even mention the option of the receptionist as I wasn't given my full options. Meghan was compassionate and educated and reassured me that no one was going to take my dog. I also told her that I still don't have faith and trust in her staff that they are also not "running up my bill to make sure I couldn't afford the surgery." Meghan again stated that I was only at a total of \$450. At this time I was able to visit Rupert to see if he was ok. Rupert had his collar on and was in good spirits. I was able to spend about a half hour with him. At this point I has 2 of my friends, Michael Vincent and his wife Tracey Vincent to wait with me to talk to the surgeon.

At 1248 my friends arrived and around 1330 Dr. Gustella introduced himself. He explained to me that "Rupert doesn't need surgery as much as his needs medications to treat diarrhea and steroid soaks to shrink prolapse. He then will be taken in the am under general anesthesia to put prolapse back in place and have a purse string in secure rectum for about a week, then it will be removed." His words were "I sorry that the staff over exaggerated the extent of the situation, He does not need surgery and he does not have necrotic bowel. Also I will say Dr. Hendricks misspoke about Rupert and the receptionist and she is sorry." Dr. Gustella also gave me an estimate for \$1884.00-\$1984.00. This included the \$450 he has already has charged and his consultation fee up to medications,

anesthesia, and discharge medication. He apologized once again that Rupert is ok, we will keep the cost where it is at and no one was going to take my dog from me.

Beth came in and had me sign the estimate with a copy for me and saw that I was approved for care credit up to \$2000.00. She told me "Everything is taking care of and you will hear from us tomorrow about how everything goes but feel free to call anytime to check on Rupert." We and both my friends let and I felt confident with the surgeon.

I called several times throughout the night and spoke with the tech and Dr. Hendricks. Dr. Hendricks never apologized or brought up our prior conversation from the other night about Rupert's options and the receptionist. However, I did feel like he was being cared for at this point in time.

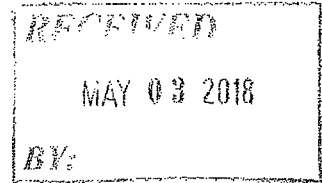
The next day, Rupert had a reduction in swelling and was taken under general anesthesia with successfully prolapse placed back to the rectum with a purse string. Dr. Gustella called me right away to tell me and I thanked him for his services, kindness, and care. He told me I could pick up Rupert at 7:30p-8p as that was when I would be able to get out to work to pick him up.

7:55pm I picked up Rupert. The receptionist (2 ladies at the front desk) said my total was \$2250. I asked why because the plan of care didn't change so it shouldn't be more than what Dr. Gustella gave me. I did show her my copy of estimate and it took several times for the receptionist to go back and forth trying to find out why there was a difference. She then came back and told me that "technically I owed around \$2500." Once again I find myself in a situation where they know I only have \$2000.00 and are they going to take my dog and give him to someone else? She placed me in a room and told me she's going to look at it again. She came back and stated "I think it's from medication, I am not sure so we will charge you the higher part of the estimate which will be \$1984.00." At this point I just wanted my dog back to me and keep him away from 1st Pet Vet. I did pay and got a receipt for a balance showing I still owed a few hundred dollars. The receptionist reassured me that the manager, Meghan, would be taking care of this by Monday next week and will send me a receipt showing I have a zero balance.

The point of my complaint is the staff at 1st Pet Vet seemed to only have intentions of increasing costs, being dishonest about expenses, a receptionist wanting a free French Bulldog. I couldn't believe the lack of compassion and care Rupert received. I understand that he couldn't be bathed because of the surgery, however he was covered in poop all over his body that had been dried and crusted. His cone collar had poop on it and his lips were cracked, dry, and bleeding which no one seemed to address. Minus the unethical situation going on here, I will say Dr. Dan Gustella was great. If I needed to trust anyone it was the surgeon that would be caring for Rupert. He is an amazing Vet Doctor and I would absolutely recommend his skills to everyone. Dr. Hendricks not at all.

[Quoted text hidden]

April 27, 2018



Heather Hendricks, DVM
1st Pet Veterinary Centers
1233 W. Warner Road
Chandler, AZ 85224

Arizona State Veterinary Medical Examining Board
1740 W. Adams Street, Suite 4600
Phoenix, AZ 85007

To Whom It May Concern,

I am responding to complaint #18-102 regarding "Rupert" Lewis.

I cared for Rupert Lewis on the nights of Monday 4/16/18, and Tuesday 4/17/18. He had developed a prolapsed rectum while the owner had been gone at work during the day. He had been having diarrhea for 2 days. I discussed with her that intestinal parasites are the most common cause of this condition in young dogs. I recommended manual reduction of the prolapse under sedation. Ms. Lewis was very upset and concerned about cost of treatment. She asked what would happen if the prolapse could not be reduced manually, and I informed her that in some cases surgical intervention becomes necessary. I advised that the prolapse was significant, and that I may not be able to reduce it. If that was the case a surgical consult would be recommended. The owner was initially very emotional and stated she would need to euthanize if surgery became necessary, due to financial constraints. I recommended we try manual reduction and medical management to start with. The owner approved attempted reduction under anesthesia.

From the time of entry Rupert received pain medication and dextrose applied multiple times in attempt to reduce swelling of the prolapse. His PCV, glucose and electrolytes were normal. At 2:00am (giving

approximately 5 hours time for the dextrose to take effect) propofol was given for sedation and manual reduction of the prolapse was attempted. This was not achieved and the owner did not pick up her phone so he was recovered from sedation and medical management was continued.

The owner called back approximately 6am on the morning of 4/17/18. I spoke with her and informed that I was not able to manually reduce the prolapse. She was understandably upset with the idea that he might need surgery that she could not afford. I did mention that there was a staff member who would be willing to adopt Rupert and take care of his veterinary care, if the situation came to that. This suggestion made the owner very upset. Relinquishment is something that is only discussed with owners in very rare and extenuating circumstances. I relayed to the owner that this might be an option, but was in no way meant to upset her. I apologized to her for upsetting her, but I did feel this was an extenuating circumstance. In hindsight, I perhaps should never have mentioned relinquishment to her. It would never be my intention to upset anyone or create undue stress.

The owner spoke with her family and called back a short time later asking for an estimate for possible surgery. I spoke with the surgery department about a consult and creating an estimate that morning before I left at 8:00am (my shift ended at 7:00am). I also relayed all of the above information to Dr. Kafer who took over for me as the daytime emergency doctor that day.

I was not on duty during the day time of 4/17/18, therefore I am not able to comment on any medical care or communications that transpired. If Ms. Lewis has any issues with staff communication during this time, they would need to be taken up with the hospital manager, Meghan St. John since I was not on duty or on the premises.

I returned on duty at 7:00pm on the night of 4/17/18. Dr. Kafer relayed to me that Dr. Guastella was not able to reduce the prolapse and planned to continue medical management overnight with topical medication and pain medication, and that he planned to try manual reduction again the following day under anesthesia. He had discussed this plan with the owner who had approved it. It was also relayed to me that Ms. Lewis had spoken to the hospital manager and Dr. Guastella

about my mention of possible relinquishment as a last resort and that she was upset about this.

Medical management was continued at Dr. Guastella's recommendation and approved by Ms. Lewis. This was in no way an attempt on anyone's part to try and delay treatment or incur additional charges in attempt to gain custody of Rupert.

I changed Rupert's bandage overnight as instructed. Ms. Lewis call at 5:47am and I spoke with her. I let her know that the topical medication and bandage change were done and that the prolapse looked slightly improved. The dark or possibly necrotic areas that were there the day before had resolved and the tissue all looked a healthy and pink. She seemed pleased with the update and I let her know that Dr. Guastella would be speaking with her later in the day. She did not express any concerns to me at that time and seemed happy with the continued plan.

After going off duty at 7:00am Wednesday 4/18/18, I had no further involvement in Rupert's care or any communication with Ms. Lewis. My communication with her was limited to the admission discussion, and the morning updates described on 4/17 and 4/18. Again, I was not on duty during the day 4/18, so I am unable to comment on any communications that transpired, or his condition or lack of cleanliness on discharge.

Regarding any financial charges that Ms. Lewis felt were inappropriate, I did everything I could to keep the charges that I entered as minimal as possible. I knew she had financial concerns and I was trying to preserve the funds she had available for the repeated attempt at reduction of the prolapse and ongoing care.

The night of 4/16/18, Ms. Lewis approved an estimate of \$880-\$920 for attempted reduction and medical management. The charges I entered that night totaled \$514. The attempted reduction and overnight observation (\$110.00) were not charged for.

The following day Dr. Guastella reviewed the further treatment plan and costs with the owner. The night of 4/17 Ms. Lewis was charged for the estimated acute care. Rupert also received pain medication and

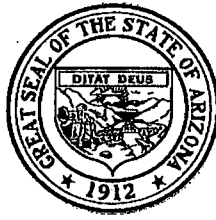
antibiotic injections as instructed by Dr. Guastella, and I administered subcutaneous fluids at no charge to the owner (\$110.00). I stayed well within any estimates charges that I provided, and followed Dr. Guastella's instructions regarding Rupert's medical management while I was on duty.

Rupert's medical records are enclosed. Please let me know if I can provide any additional information.

Thank you,

A handwritten signature in black ink, appearing to read 'Heather Hendricks', with a long, sweeping horizontal line extending to the right.

Heather Hendricks, DVM



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18 -102

Complainant(s): Desirlee Lewis

Respondent(s): Heather Hendricks, DVM (License: 3914)

SUMMARY:

Complaint Received at Board Office: 4/19/18

Committee Discussion: 8/7/18

Board IIR: 9/19/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September
2013 (Yellow)

On April 16, 2018, "Rupert," a 6-month-old male French Bulldog was presented to Respondent with a prolapsed rectum. Respondent examined the dog and recommended manual reduction of the prolapse under sedation. If the prolapse could not be reduced manually, surgical intervention could be necessary.

Complainant was upset and stated that she would need to euthanize the dog due to financial constraints if surgery was needed. Respondent mentioned that a staff member would be willing to adopt the dog if the dog was to be euthanized. This upset Complainant further.

Complainant contends Respondent's conduct was unprofessional.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically. Counsel, David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Desirlee Lewis*
- Respondent(s) narrative/medical record: *Heather Hendricks, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Daniel Guastella, DVM*

PROPOSED 'FINDINGS of FACT':

1. On April 16, 2018, the dog was presented to Respondent with a prolapsed rectum. The dog had been having diarrhea for two days since changing his diet. Upon exam, the dog had a weight = 12.8 pounds, a temperature = 100.2 degrees, a pulse rate = 145bpm and a respiration rate = 34rpm. Respondent noted that the dog had approximately 4.5cm diameter section of prolapsed rectum. The dorsal surface was dry and there was a concern for necrosis. Her assessment was rectal prolapse and rule-outs were intestinal parasites, gastroenterocolitis, congenital and other. Respondent treated the dog with:

- a. Buprenex 0.12mg IM;
- b. Dextrose 50% applied to rectum; and
- c. Elizabethan collar.

2. Respondent spoke with Complainant regarding her findings. She explained possible intestinal parasites and the possible need for surgical intervention if the prolapse could not be reduced. Additionally, the prolapse may recur if the dog did well with the purse string initially. Complainant relayed that she had severe financial constraints and could not cover the costs for sedation/purse string; she would be forced to euthanize if surgery was needed. Respondent recommended allowing her to try to manually reduce the prolapse and medical management – Complainant approved.

3. The dog was treated multiple times with dextrose to reduce the swelling without success. Respondent administered propofol IV to effect (34.8mg) and the dog was intubated. She attempted multiple times to reduce the rectum. There was a 5mm diameter dark/necrotic area on the dorsal aspect of the prolapse and rectal pull through was indicated. Respondent tried to contact Complainant and was unable to reach her. Supportive care was continued until she could be reached.

4. The following morning, Complainant returned Respondent's call. Respondent reported that she was unable to manually reduce the prolapse. Complainant became upset with the idea that the dog might need surgery she could not afford. Respondent mentioned that there was a staff member who would be willing to adopt the dog and take responsibility for his veterinary care, if the situation came to that. This suggestion made Complainant very upset. Respondent stated that relinquishment is something that is only discussed with owners in rare and extenuating circumstances. She apologized for upsetting her and explained that it might be an option, but it was not meant to upset her.

5. Later that morning, Complainant called for a surgical estimate. The dog's care was transferred to Respondent's associate, Dr. Kafer.

6. Later that day, Dr. Guastella, the surgeon, evaluated the dog and suggested that they

continue with conservative management but be aggressive about trying to shrink the swollen prolapsed rectum as it was not reducible at that time. He spoke with Complainant and provided her with an estimate for overnight care and treatment to try to reduce the swollen rectum. They would make an attempt to reduce the rectum the next day.

7. On April 18, 2018, Dr. Guastella anesthetized the dog and was able to reduce the rectum to its normal location and a purse-string suture was placed to maintain reduction. The dog was put on stool-softeners and deworming medication. The purse-string stayed in place for two-weeks until the dog stopped straining.

8. Complainant also expressed concerns with the condition the dog was in upon discharge and fees. Respondent stated that she was not on duty the day the dog was discharged and was unable to comment on any communications that transpired or the lack of cleanliness of the dog. She attempted to keep the charges as minimal as possible as she knew Complainant had financial constraints. Respondent explained that there was no attempt to delay treatment or incur additional charges in attempt to gain custody of the dog.

COMMITTEE DISCUSSION:

The Committee discussed that after reviewing the case they did not see any concerns that rose to the level of a violation. In this case, the euthanasia of the dog would have been due to economic reasons, not for medical reasons, therefore staff members were merely attempting to save the animal's life.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division